

Mary E. Burdett
 Town _____ County _____

MARYLAND

Died at *Crumaine Mount.*

1905 Month Day Y. M. D. Native of Occupation
 Date *Jan. 8* Age *67* *Wid* *Housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widow~~ Number of children living *2*

~~Husband~~ of *Nathan Burdett*
 Wife of *Chadwellton King*
 Father's Name *Chadwellton King*

Mother's Name *T*

Cause of Death { Primary *General Paralysis*
 Immediate *Heart failure*

How long sick

18 mos.~~Accident, Suicide, Homicide~~Reported by *J. J. Deeds*Address *Blackburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

(Not named)

Town Dansowville County Montgomery MARYLAND

Date of death 1905 / 1 / 21 Age 1 Months 20 Days

Sex Male Color or Race Negro Birth-place Dansowville Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Brown Father's Birthplace 11

Mother's Maiden Name Ida Daffney Mother's Birthplace Clarkstown Md

Name of person giving Information U. D. House M.D. How related to deceased —

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Infantile Convulsion How long —

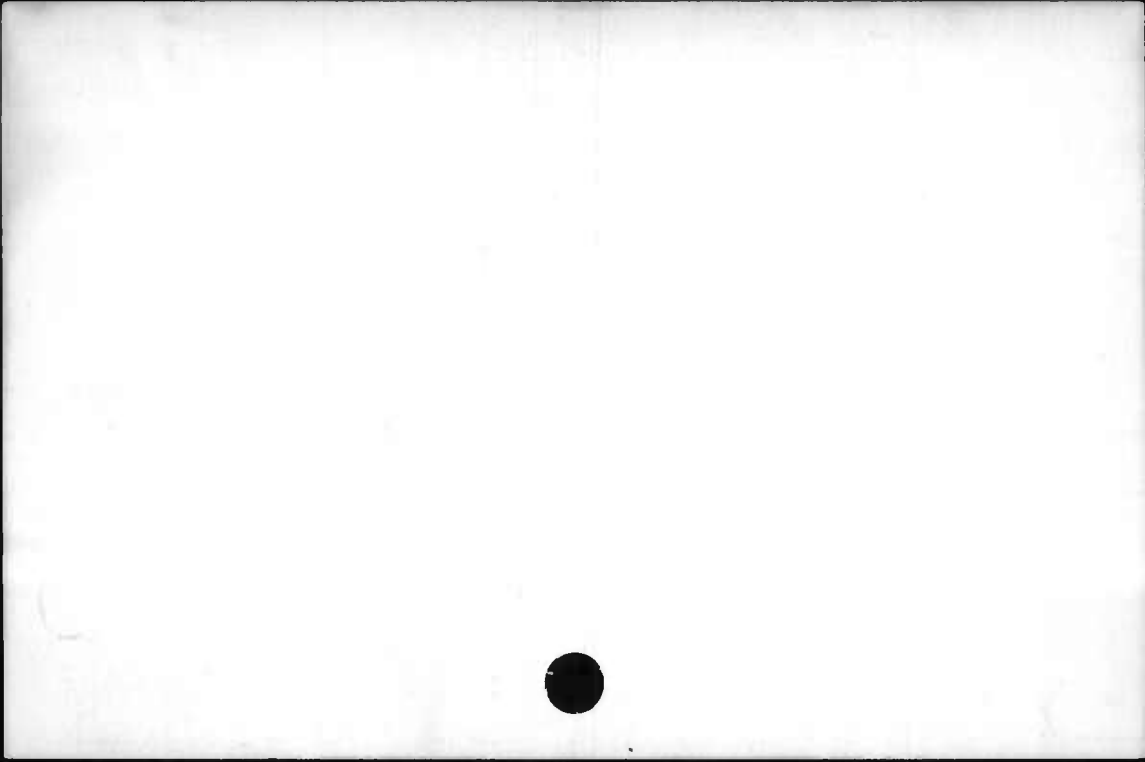
Immediate Coma to Physician - attendance How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician U. D. House M.D.

Address Dansowville Md

Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death 1905

Month

1

Day

27

Age

22

Years

Months

Days

Sex

Female

Color or
Race

Negro.

Birth
place

Har Germantown

Occupation

Domestic

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Roberta Corn

Mother's
Birthplace

"

Name of person giving
Information

Mother.

How related
to deceased

138

CAUSES OF DEATH

Primary

Puerperal Convulsions

How long

Two days.

Immediate

Coma.

How long

"

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. D. House M.D.
Dausonville Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

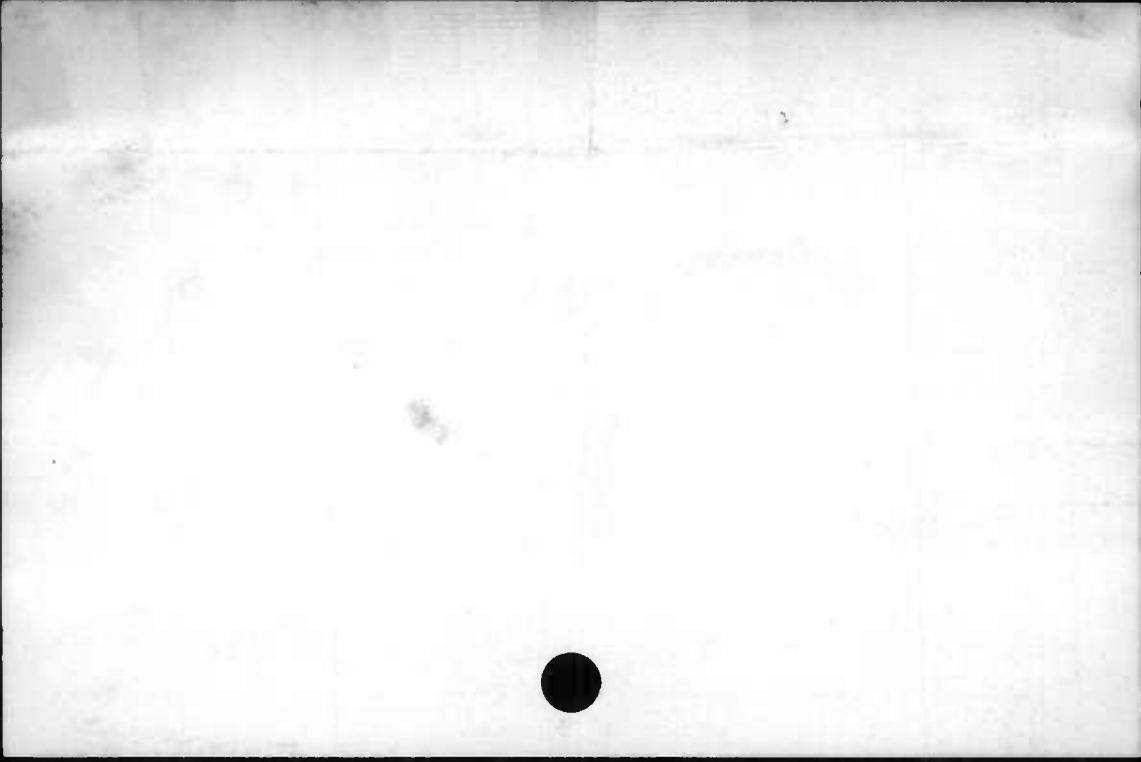
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home -</i> <i>Montgomery</i> <i>County</i>		TOWN		COUNTY		MARYLAND	
Date of death 190 <i>7</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>50</i>	Months <i>2</i>	Days <i>19</i>		
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Home near Unity</i>					
Married, Single or Widowed <i>Single</i>	Occupation <i>Housekeeper</i>						
Name of Wife or Husband							
Father's Name <i>Samuel Cornus Dorsey</i>				Father's Birthplace <i>Howard Co Md.</i>			
Mother's Maiden Name <i>Mary Aggs Griffith</i>				Mother's Birthplace <i>Maryland Co Md.</i>			
Name of person giving information <i>Samuel O. Dorsey</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Addison's Disease</i>	How long	<i>2 yrs</i>
Immediate	<i>Asthenia</i>	How long	<i>13 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. G. Spurrin</i>
		Address	<i>Unity P. O.</i>
Accident or Suicide?			



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

How long sick

10 Minutes

Accident, Suicide, Homicide

Reported by

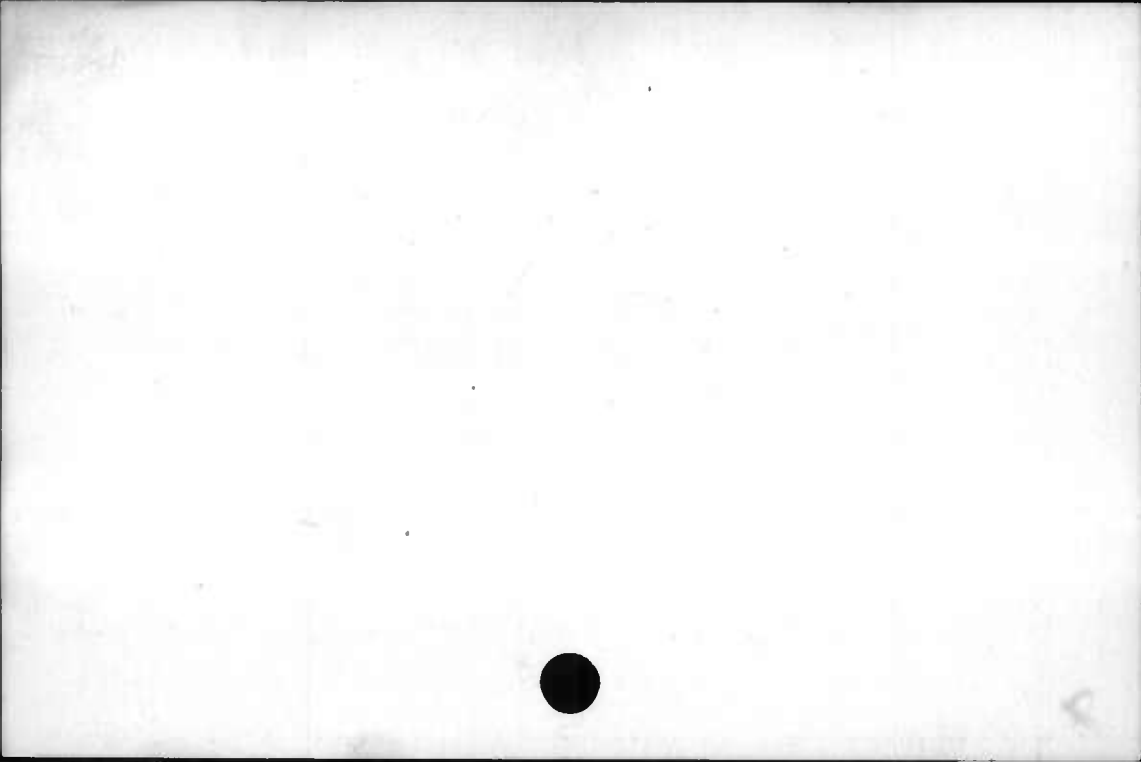
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

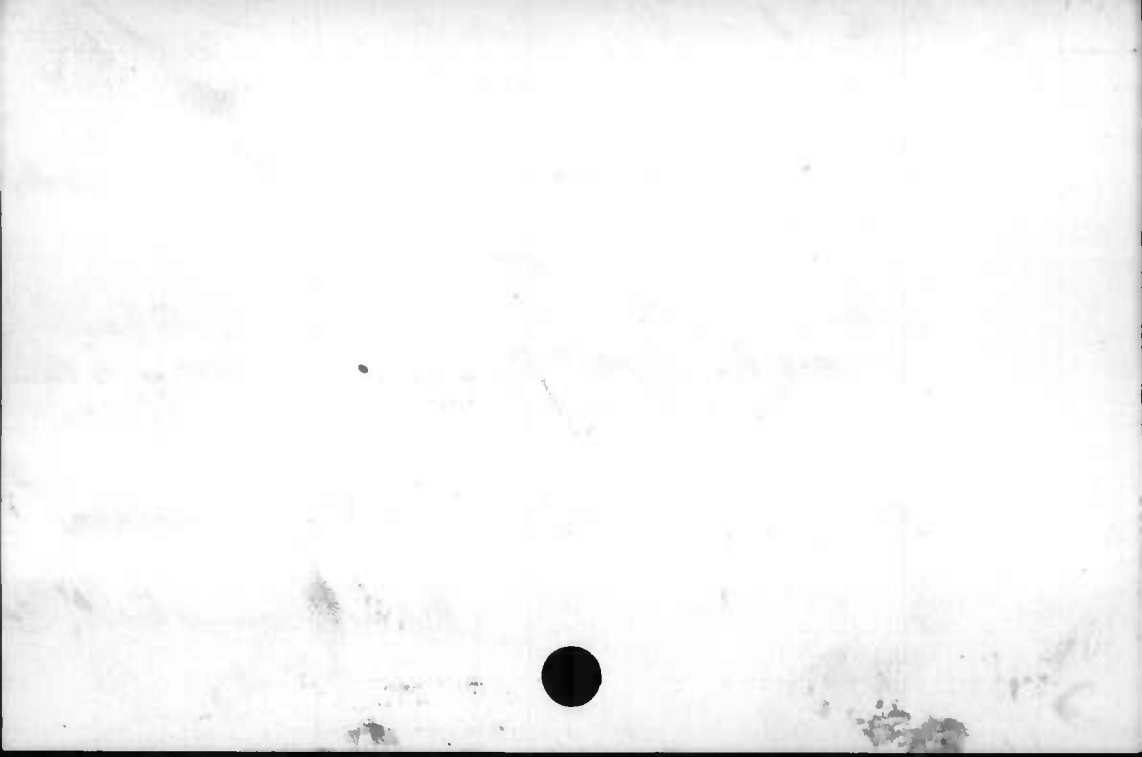
LIBRARY BUREAU. 65868



Name in Full		Nancy Grimes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Ednor		County		Maryland	
	Date of death	1905	Month	Jan	Day	19	Age
	Sex			Color or Race	89	Birth-place	Ind
	Occupation	- woman		Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Thomas Grimes				Father's Birthplace	Ind
	Mother's Maiden Name	-				Mother's Birthplace	-
	Name of person giving information	Julie Harding				How related to deceased	Niece
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General Debility				How long	154
	Immediate	Heart failure				How long	2 hours
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. R. Patton
						Address	Princetonville Ind
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>near Etahison</i>		County <i>Montgomery Co</i>	
		Date of death <i>1905</i>		Month <i>January</i>	
		Day <i>Wednesday</i>		Age <i>82</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation		Where Residing if not at place of death	
		Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Thomas Hawkins</i>	
		Father's Name <i>Asa Claggett</i>		Father's Birthplace <i>Montgomery Co Maryland</i>	
Mother's Maiden Name <i>Mary Claggett Higgins</i>		Mother's Birthplace <i>Montgomery Co Maryland</i>			
Name of person giving information <i>Mrs George Hawkins</i>		How related to deceased <i>daughter in law</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Advanced age & senility</i>		How long <i>Six or seven months</i>	
		Immediate <i>Bronchitis Pneumonia</i>		How long <i>three days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Paul B. Crawford M.D.</i>	
				Address <i>Laytonsville Maryland</i>	
Accident or Suicide?					



Name
in
Full

Alvin Garrott Hood

CERTIFICATE OF DEATH

Died near <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 1905	Month <i>Jan</i>	Day <i>27th</i>	Age <i>—</i> Years	Months <i>Seven</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Montg. Co., Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Z. A. Hood</i>			Father's Birthplace <i>Montg. Co., Md.</i>		
Mother's Maiden Name <i>Susan A. Hackett</i>			Mother's Birthplace <i>Montg. Co., Md.</i>		
Name of person giving information <i>John Z. A. Hood</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Catarrhal Pneumonia</i>	How long <i>three weeks</i>
	<i>three months</i>
	How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

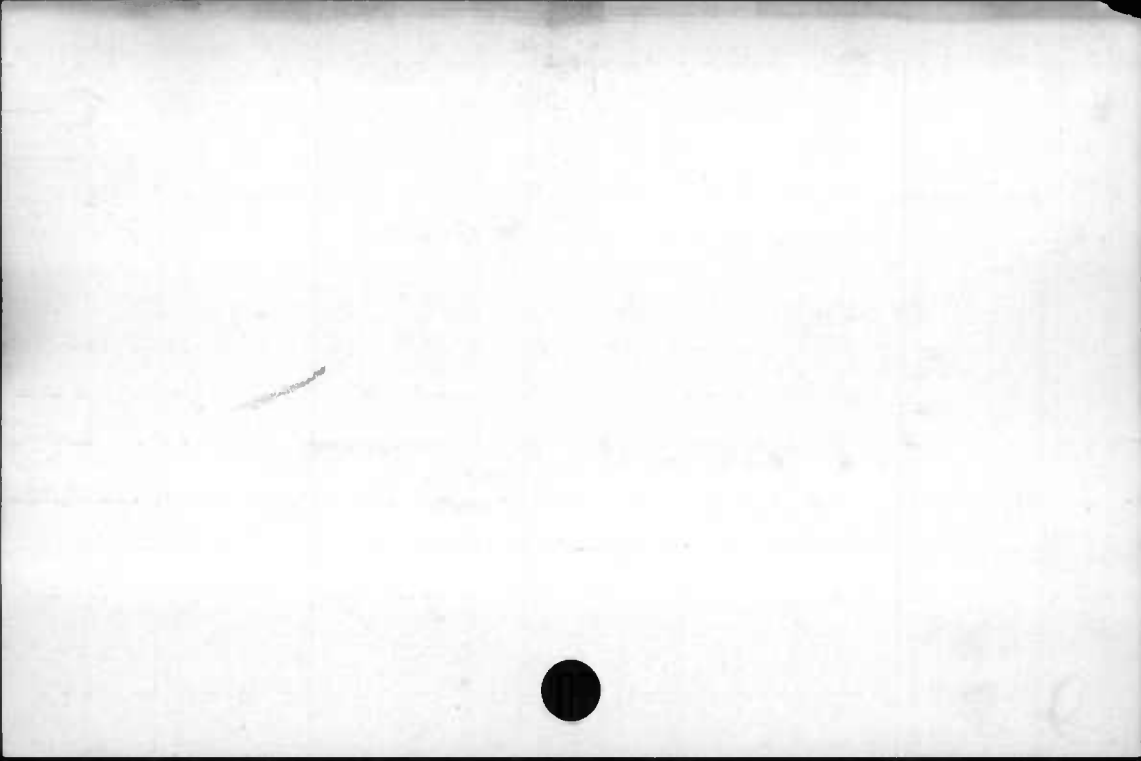
Chas. Farquhar

Address

Alleg. Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Charles Augustus Howard

Died at Union ^{Town} Montgomery ^{County} MARYLAND

Date 19 1913 July 10 ^{Month} ^{Day} 25 ^{Y.} ^{M.} ^{D.} Age 25

Male Female Married Single Widow Widower Divorced Number of children living 1

Colored Single

Husband of E. S. Howard

Wife E. S. Howard

Father's Name E. S. Howard Mother's Name Elizbeth Buckley

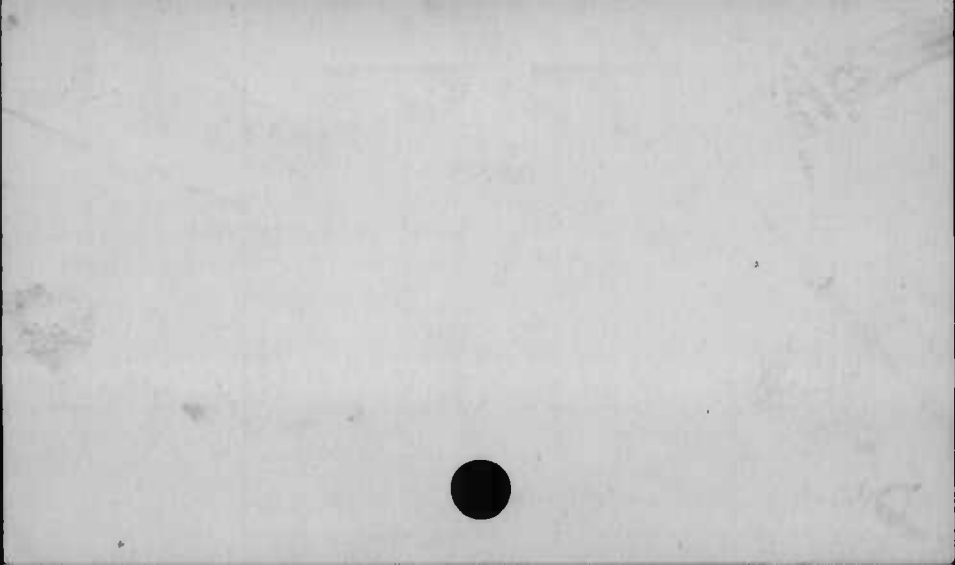
How long sick 93

Cause of Death { Primary Infarction of the Lung Immediate 93 Accident, Suicide, Homicide

Reported by Arthur S. Howard

Address Union, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna Hulston

Died at ^{Town} Bethesda^{County} Montgomery

MARYLAND

Date ¹⁹⁰⁵ 1905Month Day
1 28Age Y. M. D.
64Native of Occupation
Penna House-wife~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband
Wife of ✓Father's
Name ✓Mother's
Name ✓Cause of Death { Primary Pneumonia 93
Immediate ExhaustionHow long sick
4 days

Accident, Suicide, Homicide

Reported by John L. Lewis M.D.

Address Bethesda, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Spencer*

Town

Montgomery

County

Date
of death *1905 Jan*

Month

Day
30

Age

Years

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Spencer*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Walter Leozar*Father's
Birthplace*Spencer*Mother's
Maiden Name*Lillie Bryan*Mother's
Birthplace*Annapolis Md*Name of person giving
information*Raymond Leozar*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

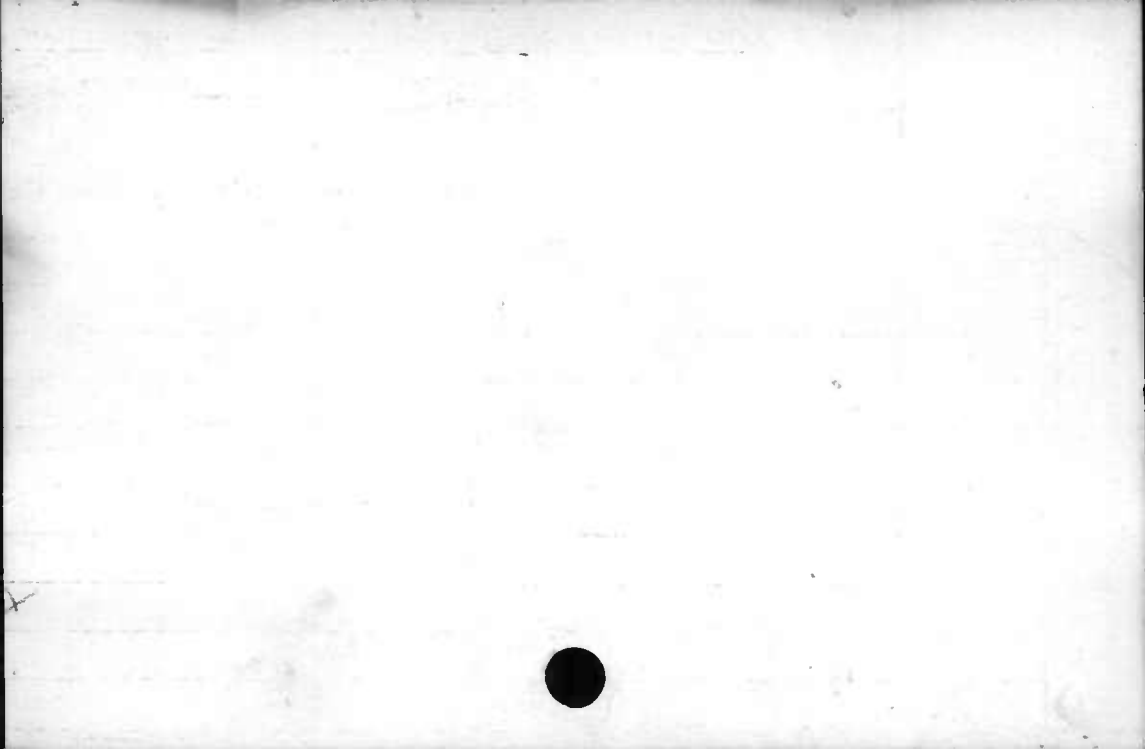
Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. R. Bateson*

Address

*Spencer**Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

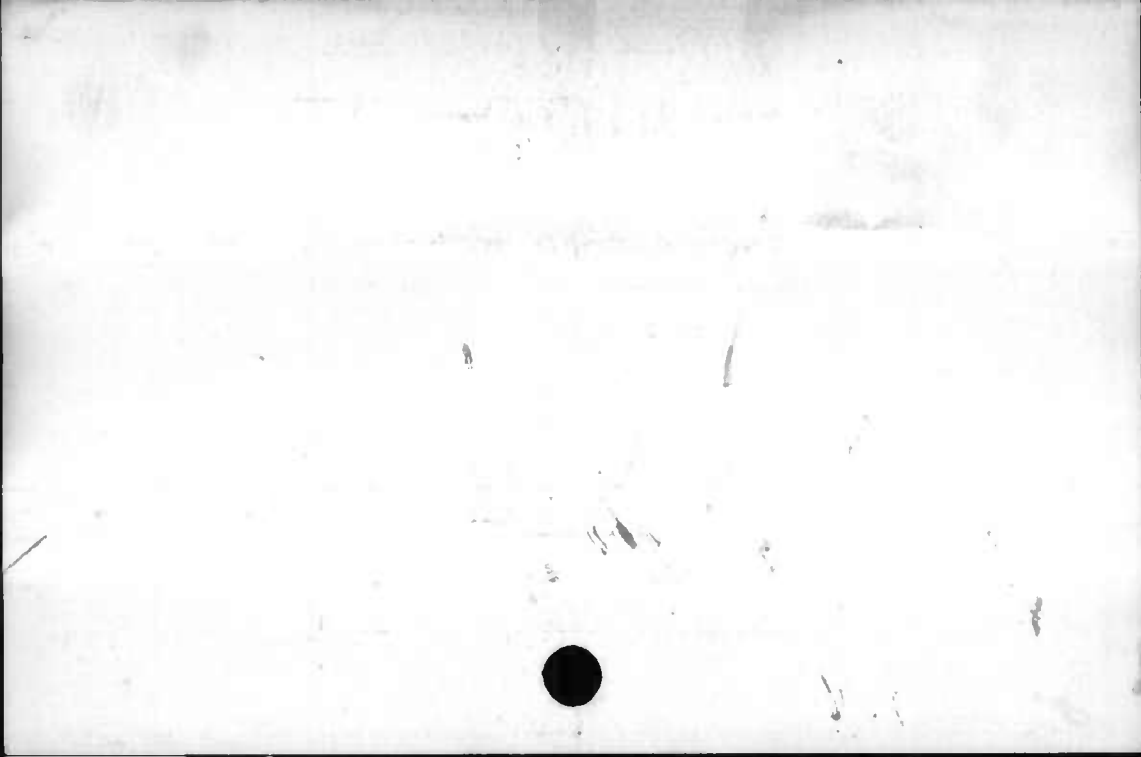
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Rachel Martin</i>		Town <i>Spencerville</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death <i>1905 Jan</i>		Month <i>Jan</i>		Day <i>31</i>		Age <i>75</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace		Months	
Occupation <i>Sabrer</i>		Where Residing if not at place of death		Days			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Thomas Martin</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Wory Chanley</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>		How long <i>5 days</i>	
Immediate <i>Heart failure</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. R. Bator</i>	
		Address <i>Spencerville Md</i>	
Accident or Suicide?			



Name
in
Full

Sarah A Miles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Podulaville</i>		Town <i>Podulaville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>January</i>	Day <i>13</i>	Age	<i>72</i>	Years <i>7</i>	Months <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>				
Occupation <i>House-wife</i>	Where Residing if not at place of death <i>Podulaville Md</i>						
Married, Single or Widowed <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband <i>James A Miles</i>						
Father's Name <i>Jonathan B Benson</i>	Father's Birthplace <i>Md</i>						
Mother's Maiden Name <i>Elizabeth Benson</i>	Mother's Birthplace <i>Md</i>						
Name of person giving Information <i>Dr A D Nourse</i>	How related to deceased <i>physician</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>valvular Heart Disease</i>	How long
Immediate <i>Pneumonia</i>	How long <i>93</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur D Nourse</i>
	Address <i>Lawsonville Md</i>
Accident or Suicide? <input checked="" type="checkbox"/> No	



Name in Full		Ruth Swails Mills				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Brighton</i>		Town <i>Montgomery</i>		County		MARYLAND
	Date of death <i>1905</i>	Month <i>Jan</i>	Day <i>5</i>	Age <i>35</i>	Years	Months <i>3</i>	Days <i>5</i>
	Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Montgomery Co</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Mills</i>				
	Father's Name <i>Alexander Swails</i>			Father's Birthplace <i>Montgomery</i>			
	Mother's Maiden Name <i>Louisa Swails</i>			Mother's Birthplace <i>Montgomery</i>			
Name of person giving information <i>Alexander Swails</i>			How related to deceased <i>Father</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Pulmonary Tuberculosis</i>			How long <i>8 months</i>			
	Immediate <i>"</i>			How long <i>"</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>David B Crawford</i>			
				Address <i>Raytownville Ind</i>			
Accident or Suicide? <i>—</i>							



Name
in
Full

Solomon Mines

5-1-111

CERTIFICATE OF DEATH

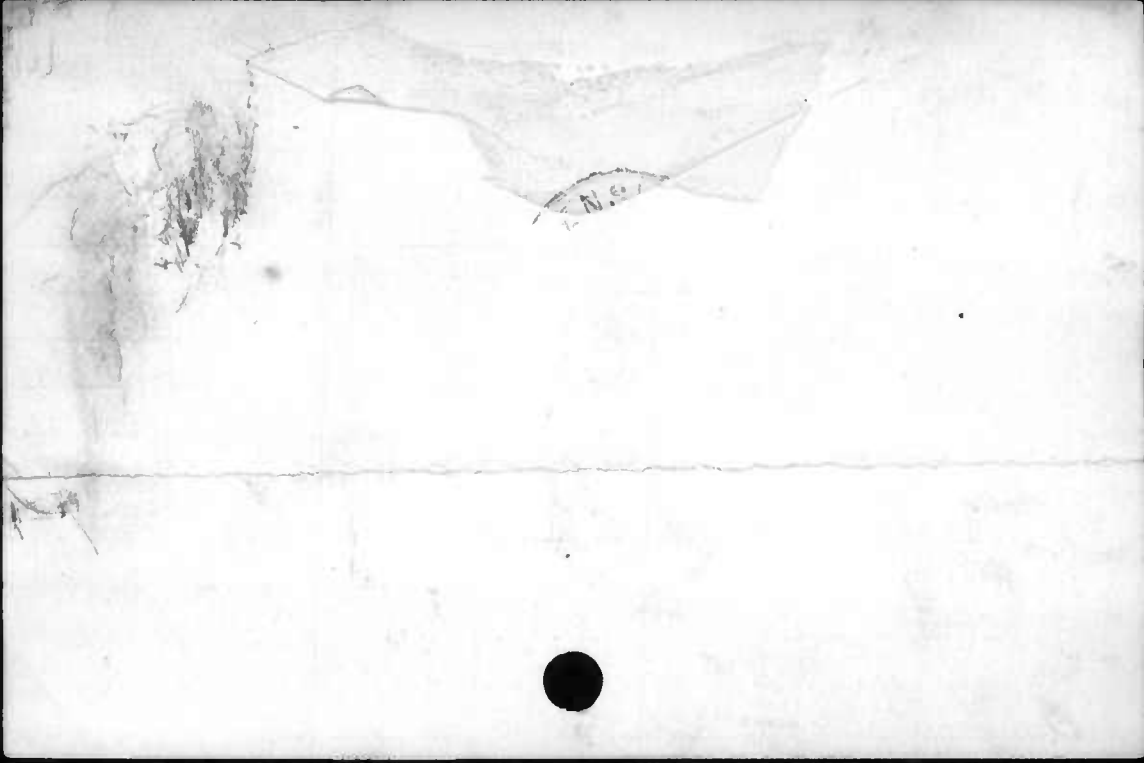
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glen</i>		County <i>Mary</i>		MARYLAND	
Date of death	1905	Month	<i>Jan</i>	Day	<i>ninth</i>
Age		55		Months	
Sex	<i>male</i>	Color or Race	<i>negro</i>	Birth-place	<i>Va</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Glen</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		
Father's Name	<i>Moses Mines</i>			Father's Birthplace	<i>Va</i>
Mother's Maiden Name	<i>Susan</i>			Mother's Birthplace	<i>Va</i>
Name of person giving information	<i>Sarah Mines</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Guns shot wound</i>	How long	
Immediate	<i>hemorrhage</i>	How long	<i>199</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo R Bell Cor.</i>
		Address	<i>Palomac Md</i>
Accident or Suicide?			



Rosana A. Jackson Offutt

CERTIFICATE OF DEATH

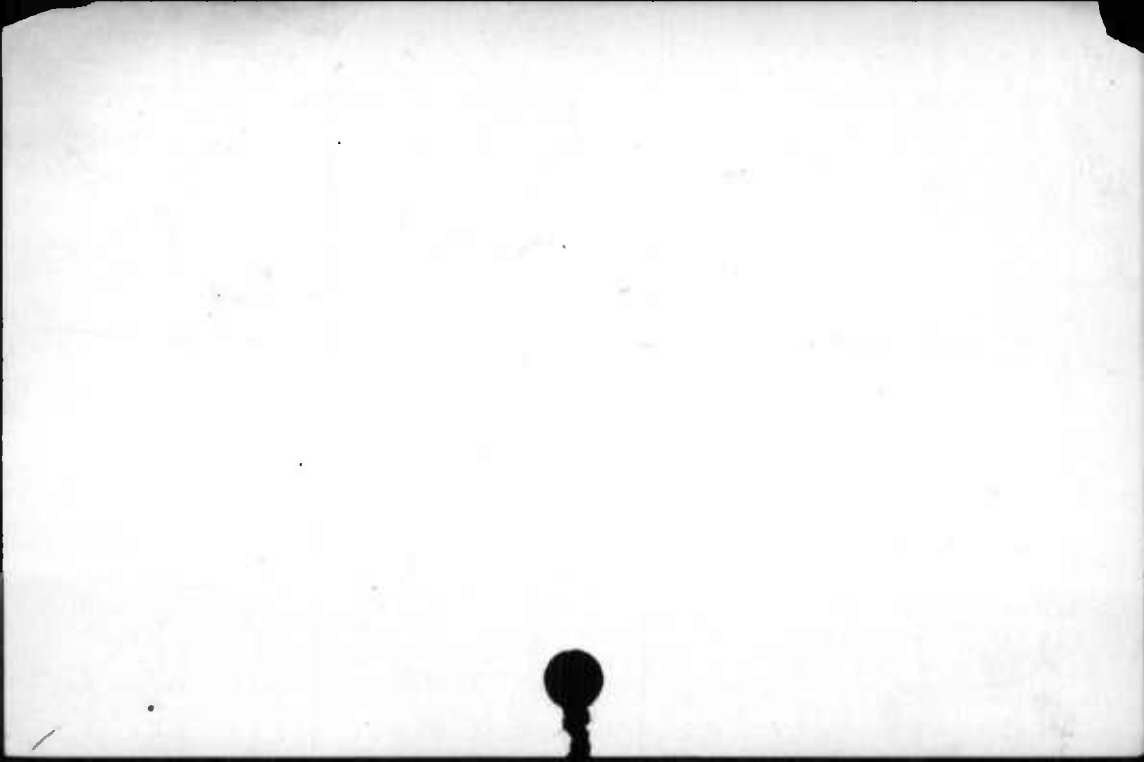
TO BE ANSWERED BY
NEAREST FRIEND

Died at Cabin John		Town Montgomery		State MARYLAND	
Date of death	1905	Month Jan	Day 28	Age 72	Years X
Sex Female	Color or Race White	Birthplace Va		Months X	Days X
Occupation Housewife		Where Residing if not at place of death X			
Married, Single or Widowed Widowed	Name of Wife or Husband Joshua W. Offutt				
Father's Name Robt R. Jackson	Father's Birthplace Va.				
Mother's Maiden Name Matilda A. Jackson	Mother's Birthplace Va.				
Name of person giving information Robt Offutt	How related to deceased son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Emphysema	How long Several years
Immediate Organic heart disease	How long X ?
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. Pratt M.D.
Address Potomac	
Accident or Suicide? X	



Name
in
Full

Martha L. A. Prather

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laytonville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1905	Month	<i>Jan</i>	Day	2	Age	Years
						Months	4
						Days	7
Sex	<i>female</i>		Color or Race	<i>Colored</i>		Birthplace	<i>near Laytonville</i>
Occupation	<i>—</i>			Where Residing if not at place of death			<i>—</i>
Married, Single or Widowed			Name of Wife or Husband				
<i>—</i>			<i>—</i>				
Father's Name				Father's Birthplace			
<i>Howard H. Prather</i>				<i>Laytonville</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Rosie Lancaster</i>				<i>Laytonville</i>			
Name of person giving information				How related to deceased			
<i>Howard H. Prather</i>				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Lobular Pneumonia</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>H. H. Dye</i>
<i>yes</i>		Address	<i>Laytonville Ind</i>
Accident or Suicide?			



Name
in
Full

Maggie Williamson Price

CERTIFICATE OF DEATH

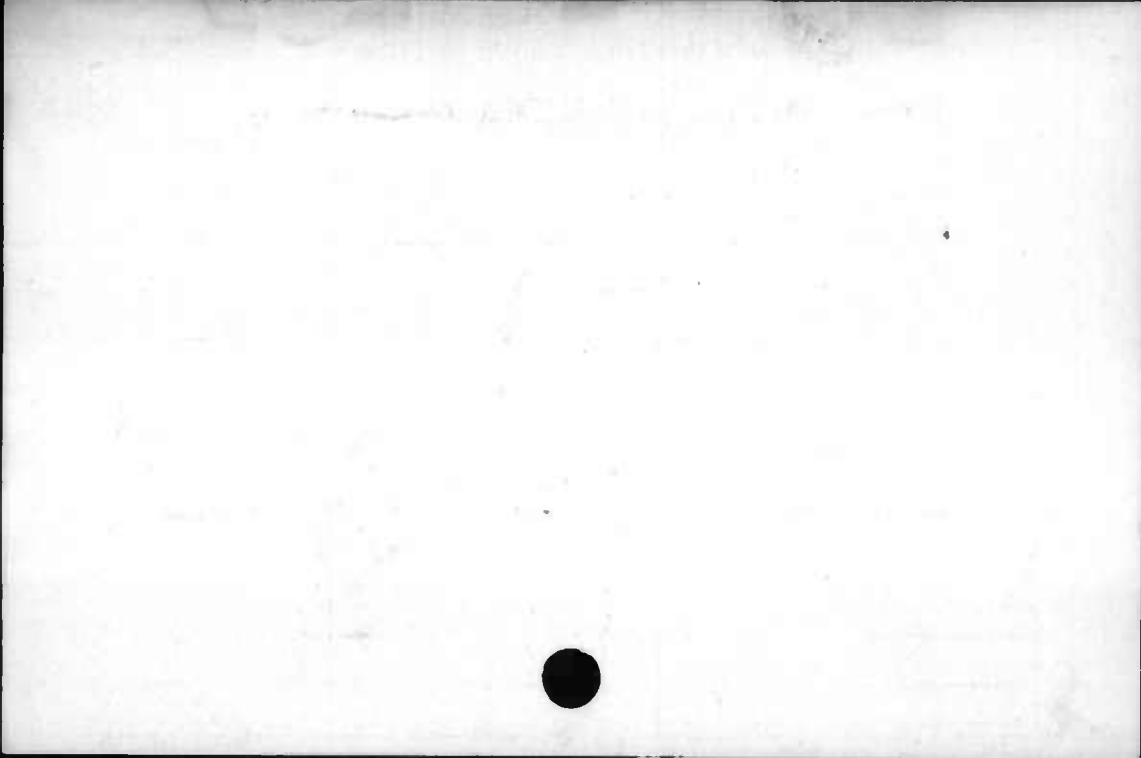
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	Jan	Day	16	Age	30
Sex	Female		Color or Race	White		Birth-place	Baltimore
Occupation	House wife		Where Residing If not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Geo. Price			
Father's Name	John Williamson					Father's Birthplace	Baltimore
Mother's Maiden Name	-					Mother's Birthplace	-
Name of person giving information	Geo Price					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Labor	How long	4 hours
Immediate	Puerperal Convulsions	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. E. Patton
		Address	Spencerville Md
Accident or Suicide?			



Name
in
Full

Henry Rheinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Rockville^{County} MontgomeryDate
of death 1906

Month 1

Day 23

Age

Years 73

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

X

Married, Single
or Widowed

Don't know

Name of Wife or
Husband

Don't know

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
information

X

How related
to deceased

X

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

Two years

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Edward Anderson M.D.

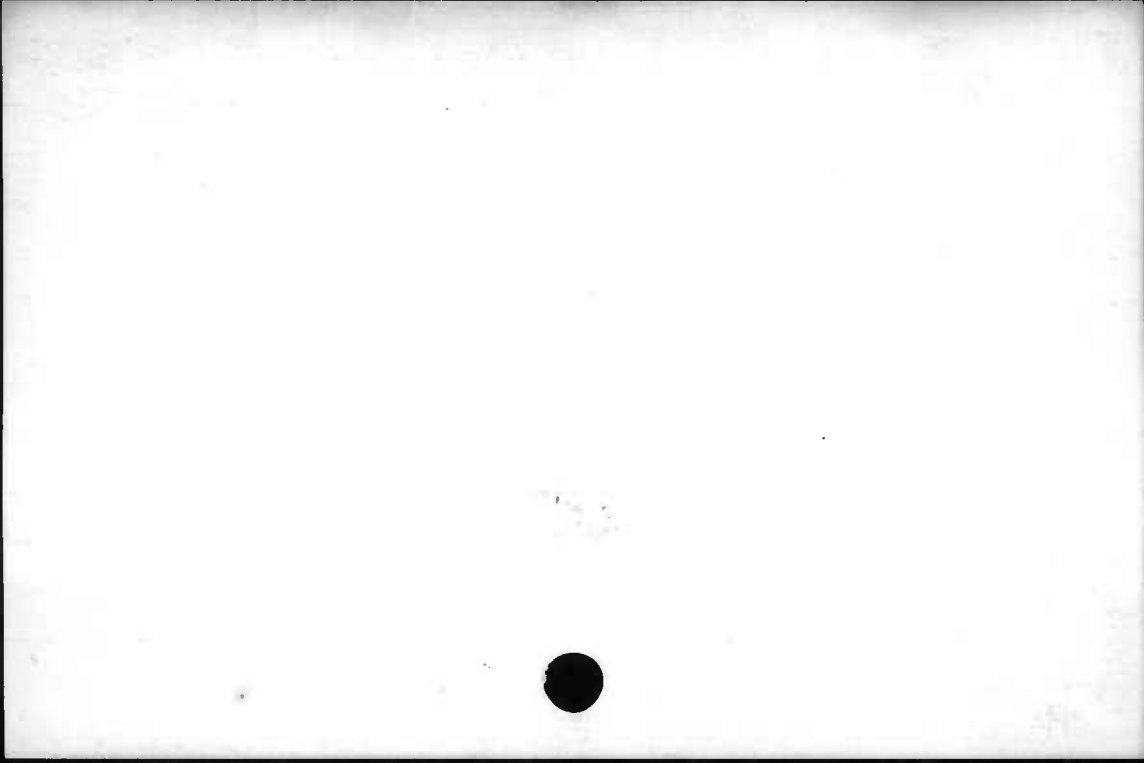
Address

Rockville, Md.

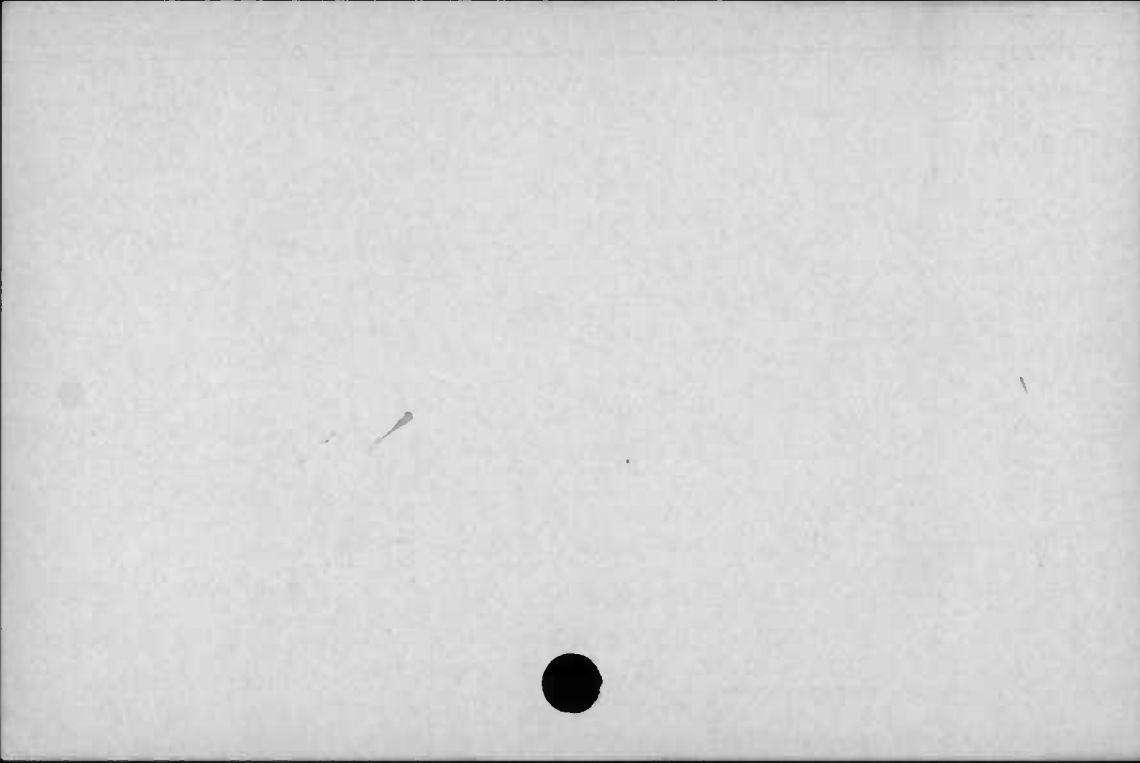
Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name in Full		Gladys Brooke Sullivan				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Brookerville	County Monty.	MARYLAND			
		Date of death		1905	Month Jan.	Day 3rd	Age	Years 1	
						Months 8	Days		
		Sex	Female		Color or Race	White		Birth-place	Brookerville
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed				Name of Wife or Husband			
		Father's Name		Artemus Sullivan			Father's Birthplace		Howard Co.,
Mother's Maiden Name		Emma Jane Clark			Mother's Birthplace		Howard Co.,		
Name of person giving information		Artemus Sullivan			How related to deceased		Father		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Scald		How long		about 18 hours	
		Immediate		Shock		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. F. Green,	
						Address		Brookville, Md.	
		Accident or Suicide?							



Name
in
Full

Aaron Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sen</u> ^{Town}		<u>Thurston</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Year}	<u>Jan</u> ^{Month}	<u>12</u> ^{Day}	Age <u>about 80</u> ^{Years}	<u> </u> ^{Months}
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Ind</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband				
Father's Name <u>X</u>	Father's Birthplace				
Mother's Maiden Name <u>X</u>	Mother's Birthplace				
Name of person giving information <u>O M Litchman</u>	How related to deceased <u> </u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Bronchitis</u>	How long <u>3 or 4 yrs</u>
Immediate <u>Insane</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>O M Litchman</u>
	Address <u>Road near Ind</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Alfred Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Clarksdale</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Jan.</i>	Day <i>31</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Virginia</i>	
Married, Single or Widowed			Occupation <i>Farmer hand</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Cliff Bready</i>				How related to deceased <i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Epilepsy</i>	How long <i>64</i>	<i>About 12 hours</i>
Immediate <i>Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. Farguebar, M.D.</i>	
<i>as far as known</i>	Address <i>Q. Lee Med.</i>	
Accident or Suicide?		



Name
in
Full

Ella A.

Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middlebrook</i>		Town <i>Montgomery</i>		County <i>MARYLAND</i>	
Date of death <i>1905</i>	Month <i>1</i>	Day <i>11</i>	Age <i>2</i>	Years <i>7</i>	Months <i>25</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Montg. Co. Md.</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Hyestiah Washington</i>			Father's Birthplace <i>Montg. Co. Md.</i>		
Mother's Maiden Name <i>Lila Fairbank</i>			Mother's Birthplace <i>Montg. Co. Md.</i>		
Name of person giving information <i>Hyestiah Washington</i>			How related to deceased <i>Father</i>		

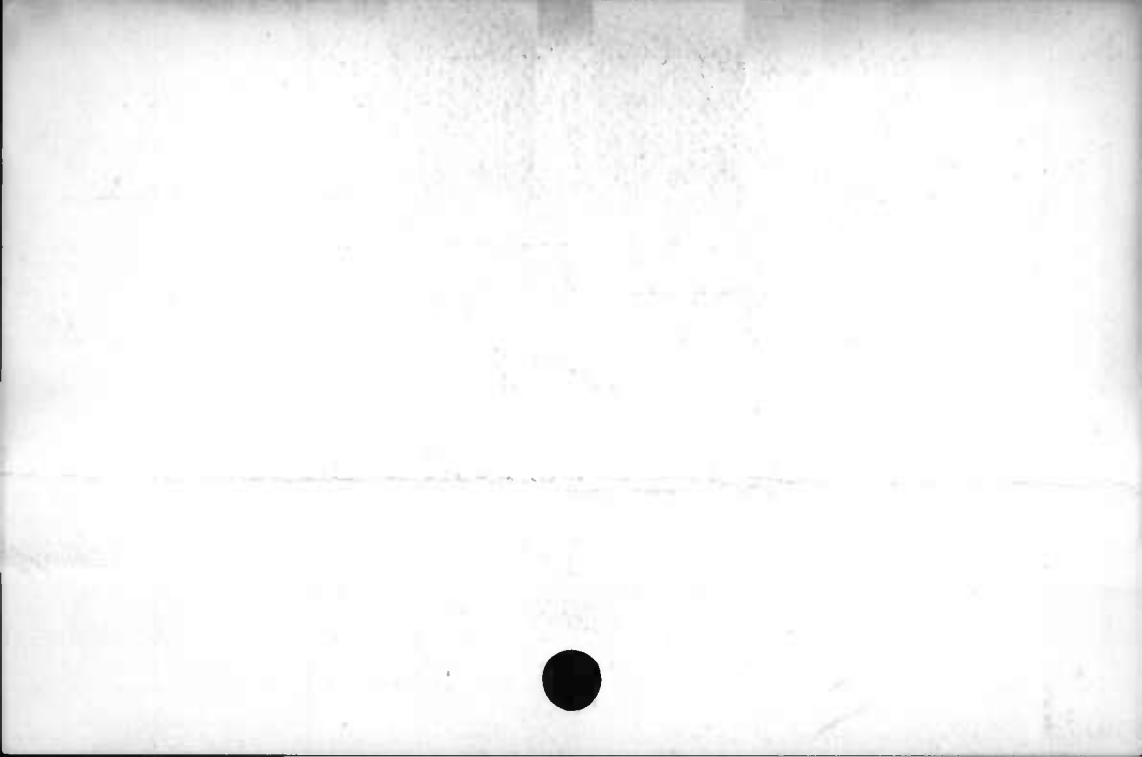
CAUSES OF DEATH

PHYSICIAN
OR CORONER

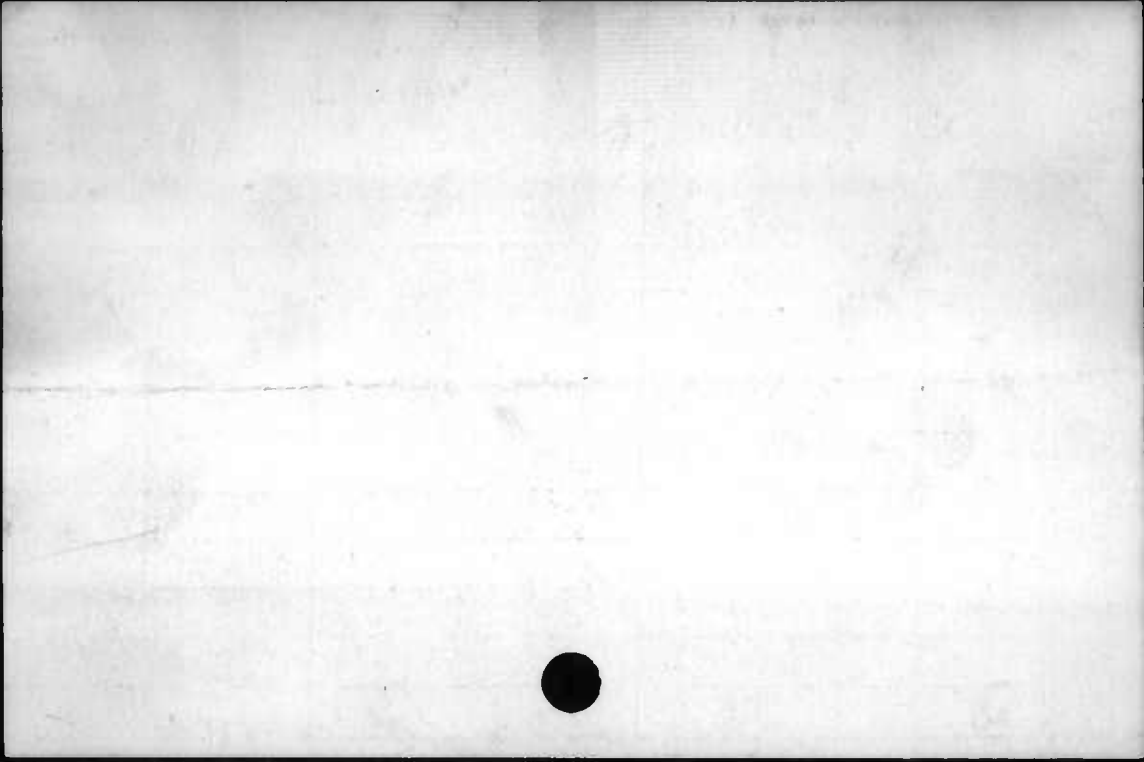
Primary <i>Enteritis</i>	How long
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Hadlock</i>
<i>J</i>	Address <i>Fairbairnburg</i>
	<i>Md.</i>
Accident or Suicide?	

1905

Name In Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Joseph Horace Waters</i>		County <i>Montg</i>		MARYLAND
	Town <i>Germanatown</i>		County <i>Montg</i>		
	Date of death <i>1905</i>	Month <i>1</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Months <i>10</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>14</i>
	Birth-place <i>Montg Co.</i>				
PHYSICIAN OR CORONER	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		
	Father's Name <i>William G. Waters</i>		Father's Birthplace <i>Germanatown</i>		
	Mother's Maiden Name <i>Mary H. Hoyle</i>		Mother's Birthplace <i>Barnesville Md</i>		
	Name of person giving Information <i>Mother</i>		How related to deceased <i>—</i>		
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary <i>Opuntion</i>		How long <i>3 Weeks</i>		
	Immediate <i>Cerebral Congestion</i>		How long <i>6 days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. L. R. Linfers</i>		
			Address <i>Germanatown, Md.</i>		
	Accident or Suicide? <i>—</i>				



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Henrietta Elizabeth Wilcoxon		MONTGOMERY			
		Died near Laytonsville		Maryland			
		Date of death	1905	Month	January	Day	Monday
		Age	83	Months	one	Days	
		Sex	Female	Color or Race	White	Birth-place	Montgomery Maryland
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Housewife			
		Where Residing if not at place of death					
		Married, Single or Widowed		Husband			
		Father's Name		Horatio Wilcoxon			
		Mother's Maiden Name		Ann Gaither			
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		Henrietta Gaither Christopher			
		Relationship to deceased		Daughter			
		CAUSES OF DEATH					
		Primary		Acute indigestion			
		Immediate		Heart failure			
PHYSICIAN OR CORONER		Are the name, age, sex, color, date and place correctly given above?		yes			
		Signature of Physician		Barie B. Crawford M.D.			
		Address		Laytonsville Maryland			
		Accident or Suicide?					
		How long		Twenty four hours			
How long		four hours					



Name in Full

Certificate of Death

Henry G. Wood

Town

County

MARYLAND

Died at

1905
 Date 189-
 Male
 White
 Married
 Age 52
 Y. M. D.
 Native of
 Occupation
 Farmer
 Number of children living 4

Husband

of

Mary Hopkins

Father's

Mother's

Name

Name

Cause of

Primary

Tuberculosis

Death

Immediate

How long sick

12 mos.

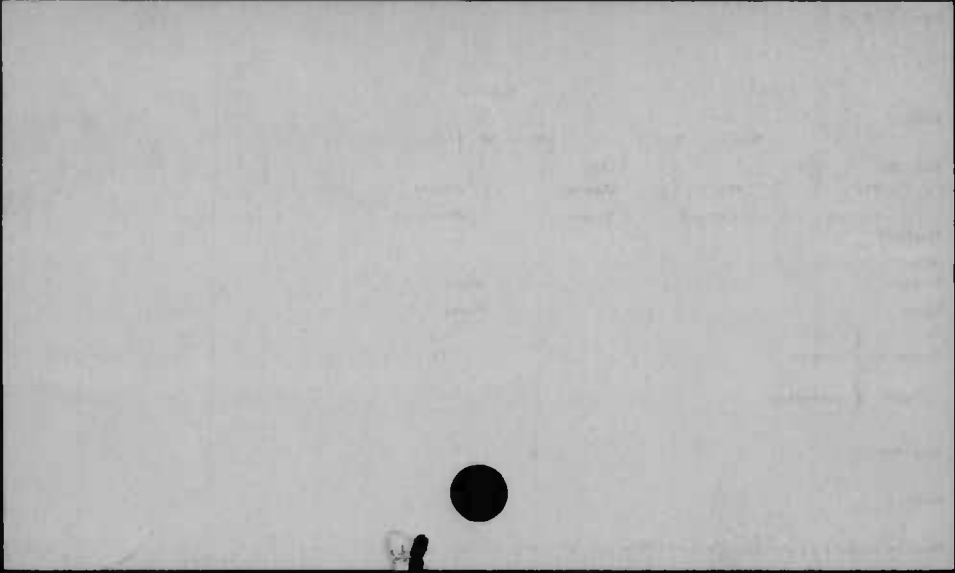
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

Britannia Wynne
 Town *Wash.* County *DC* MARYLAND
 Died at
 Date *1900* Month *1* Day *13* Y. *18* M. *11* D. *13* Native of *Ind.* Occupation *Housewife*
~~Main~~ White Married ~~Divorced~~ ~~Widower~~ Number of children living *0*
 Female ~~Colored~~ ~~Single~~

Husband
 of ☒

Father's
 Name

Mother's
 Name

Cause of Death { Primary *Phthisis Pulmonalis* How long sick ☒
 Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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